



APPLICATION FOR EMPLOYMENT
CITY OF MISSOURI CITY
1522 Texas Parkway, Missouri City, TX 77489
Phone: 281-403-8500
Fax: 281-261-4233
E-mail: apply@ci.mocity.tx.us

INSTRUCTIONS:

Type or print your answers to all questions listed on the application. The City of Missouri City requires that all individuals interested in employment complete an official application, and will accept a professional resume as a supplement to the application form. Applicant must attach copies of all supporting documentation to the official application.

SECTION I: PERSONAL INFORMATION

Position for which you are applying (one per application):

Date:

Please tell us how did you find out about this position?

☐ City's website ☐ Monster ☐ Yahoojobs.com ☐ City Employee ☐ Other

Please complete (check one preferred method of contact):

☐ Cell Phone ☐ Home Phone ☐ Work Phone ☐ E-mail Address

Name (First)

(Middle)

(Last)

Street Address

Apt./Suite

City

State

Zip Code

Have you ever worked for City of Missouri City?

☐ Yes ☐ No

When ___/___/___ to When ___/___/___

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Can you provide evidence of your eligibility to work? ☐ Yes ☐ No

Dept/Division

Do you have relatives employed by City of Missouri City? ☐ Yes ☐ No

Department

Their Name(s) Relationship(s)

Do you have a valid Texas Driver's License? ☐ Yes ☐ No

The City of Missouri City may verify all information, including moving violations.

High School/
GED

Do you have a High School Diploma or GED Certificate? ☐ Yes ☐ No

Prior to an interview, the City may require official copies of college or university transcripts or High School/GED certificate or Diploma, or professional certificates.

College or
University

Name

Location

Dates (To and From)

Credit Hours Earned

Major

Minor

Type Degree

Date Graduated

College or
University

Name

Location

Dates (To and From)

Credit Hours Earned

Major

Minor

Type Degree

Date Graduated

College or
University

Name

Location

Dates (To and From)

Credit Hours Earned

Major

Minor

Type Degree

Date Graduated

List all applicable certificates or licenses.

SECTION II: EMPLOYMENT RECORD

Beginning with current or most recent dates, provide a comprehensive description of your professional experience. If you require additional space attach an additional sheet to this document.

Current or Most Recent Employer _____
Starting Date _____ Ending Date _____ Total time employed: _____
Address _____ City/State _____ Phone _____
Title _____ Starting Salary _____ Ending Salary _____
Duties _____
Reason for Leaving _____

Previous Employer _____
Starting Date _____ Ending Date _____ Total time employed: _____
Address _____ City/State _____ Phone _____
Title _____ Starting Salary _____ Ending Salary _____
Duties _____
Reason for Leaving _____

Previous Employer _____
Starting Date _____ Ending Date _____ Total time employed: _____
Address _____ City/State _____ Phone _____
Title _____ Starting Salary _____ Ending Salary _____
Duties _____
Reason for Leaving _____

Previous Employer _____
Starting Date _____ Ending Date _____ Total time employed: _____
Address _____ City/State _____ Phone _____
Title _____ Starting Salary _____ Ending Salary _____
Duties _____
Reason for Leaving _____

Have you ever been convicted, plead guilty or no contest, or placed on deferred adjudication or probation for any offense other than traffic violations? Yes ☐ No ☐

Provide details (charges, penalties, where, when, and disposition)

By signing below, I certify, authorize, or acknowledge:

That all of the information provided by me on this application for employment and any attachments or supporting documents I submit are accurate. Recognizing that the City may rely upon information I provide to make an employment decision, I hereby certify that all information herein presented is accurate and free from intentional omission, falsification, or misleading information.

I authorize the City of Missouri City to conduct background, personal, criminal, employment history, or any type of investigation it may require to determine of my fitness for the position for which I have applied. Additionally, I understand that the City may require a physical, mental, or drug pre-employment screening after the City has made me a conditional offer for employment.

Usual Signature of Applicant

Printed Name of Applicant

Date